



## Lead Professional Certification Application - RENEWAL -

The Michigan Lead Abatement Act of 1998 requires certification of individuals engaged in lead-based paint activities in the state of Michigan. Certification is valid for three years, with an annual maintenance fee. Prior to the end of each three year period, a certification in good standing may be renewed by successful completion of an appropriate refresher course and third party exam. Upon successful completion of the exam, a State of Michigan lead certification card will be issued to you. An individual is eligible to take the certification exam no more than three times within six months after receiving a course completion certificate.

Please update application information. Type or print in ink; illegible applications will delay processing.

### 1. Individual

Full name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

(optional)

Home phone no.: \_\_\_\_\_

### 2. Employer

Employer name: \_\_\_\_\_

Work address: \_\_\_\_\_

\_\_\_\_\_

Work phone no.: \_\_\_\_\_

FAX no. (if applicable): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### 3. Certification Information

Check all boxes which apply to this application:

Discipline	Certification renewal fee	Exam fee	<u>Official use only</u>
<input type="checkbox"/> Lead Worker	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$70.00	Amount received \$ _____
<input type="checkbox"/> Lead Supervisor	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$70.00	Check/money order no. _____
<input type="checkbox"/> Lead Inspector	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$70.00	Date: _____
<input type="checkbox"/> Risk Assessor	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$125.00	Recv'd by: _____
<input type="checkbox"/> Clearance Technician	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$70.00	<u>LHRP use only</u>
<input type="checkbox"/> Project Designer	<input type="checkbox"/> \$150.00	- NO EXAM -	Refresher Training provider: _____
			Course dates: _____
Total fees enclosed: \$ _____ <small>(check or money order payable to the State of Michigan)</small>			<b>Certification # P-</b> <span style="border: 1px solid black; padding: 2px 10px;">  </span>

### 4. Enforcement Actions

Within the last three years, have you had a license or certification denied, modified, suspended or revoked by any state, Indian tribe, or the U.S. Environmental Protection Agency? ☐ NO ☐ YES . Explain: \_\_\_\_\_

### 5. Applicant Affidavit

I hereby certify that all information provided herein is true and complete to the best of my knowledge. I understand that falsification of any information provided on this application will result in immediate denial or revocation of MDCH certification. As an additional condition of certification, I hereby agree to comply with all applicable federal, state, and local regulations, ordinances, guidelines, and laws. Violation of any of these may result in immediate denial or revocation of MDCH certification.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

The Michigan Lead Hazard Remediation Program ☐ does ☐ does not have my permission to provide the above information to members of the public in any format.

Mail this form, appropriate fees, and all required attachments to:

**Michigan Department of Community Health  
Accounting Division  
P.O. Box 30437  
Lansing, MI 48909**